

**FORM**  
**5**Rev  
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2286161

Date Received:

11/22/2011

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☐ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 96850

4. Contact Name: MATT BARBER

2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (303) 606-4385

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-17797-00

6. County: GARFIELD

7. Well Name: JOLLEY

Well Number: KP 522-21

8. Location: QtrQtr: SENW Section: 21 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 1927 feet Direction: FNL Distance: 2215 feet Direction: FWL

As Drilled Latitude: 39.515447 As Drilled Longitude: -107.560927

## GPS Data:

Date of Measurement: 08/30/2010 PDOP Reading: 1.7 GPS Instrument Operator's Name: J. KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 2559 feet. Direction: FNL Dist.: 1995 feet. Direction: FWL

Sec: 21 Twp: 6S Rng: 91W

\*\* If directional footage at Bottom Hole Dist.: 2553 feet. Direction: FNL Dist.: 1996 feet. Direction: FWL

Sec: 21 Twp: 6S Rng: 91W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/01/2011 13. Date TD: 01/09/2011 14. Date Casing Set or D&amp;A: 01/10/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7905 TVD\*\* 7858 17 Plug Back Total Depth MD 7857 TVD\*\* 7810

18. Elevations GR 6889 KB 6912

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

SP/GR/HDIL/ZDL/CN AND CBL  
MUD

## 20. Casing, Liner and Cement:

**CASING**

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	18		0	125	34	0	125	CALC
SURF	13+1/2	9+5/8		0	937	285	0	937	CALC
1ST	8+3/4	4+1/2		0	7,880	1,155	3,230	7,880	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work: \_\_\_\_\_

21. Formation log intervals and test zones:

**FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
MESAVERDE	4,218		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,519		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,795		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC#2286164. DIRECTIONAL SURVEY AND CEMENT SUMMARY ON SFC CSG SENT TO SCANNING 5/17/13.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: MATT BARBER

Title: SR. REGULATORY SPECIALIST

Date: 11/17/2011

Email: MATT.BARBER@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2286163	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2286162	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2286161	DRILLING COMPLETION REPORT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400279414	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Passes Permitting.	9/16/2013 10:25:09 AM
Permit	1/12/11 T-COMBO/IND/DEN/NEUT 1907835 MUD LOG 1907842 1/20/11 DW RAB 1672627. Rec'd all LAS logs. 8/26/2011	4/12/2012 7:41:58 AM
Permit	Added mud to list of logs Missing paper copy of bond log	1/17/2012 5:54:06 PM
Data Entry	CHECK #19 LIST ELECTRIC LOGS RUN - CONFLICTING INFORMATION GIVEN BY OPERATOR.	12/28/2011 3:32:47 PM

Total: 4 comment(s)